

**COUNTY OF SAN DIEGO
VOLUNTEER REPORT FORM**

PERIOD: JULY 1, 2003 - JUNE 30, 2004

COUNTY OF SAN DIEGO
BOARD OF SUPERVISORS

THOMAS J PASTUSZKA
CLERK OF THE BOARD
OF SUPERVISORS

1. DEPARTMENT/COURT INFORMATION:

Department/Court: HHSA

Division/Unit: N. Inland Public Health

2. VOLUNTEER PROGRAM BENEFITS:

- a. GENERAL VOLUNTEERS (this section should include community volunteer, student intern, groups, corporations, etc.)

No. Vol	1	Hours	134.75	X	\$17.19	=	\$2,316.35
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Types of work performed by GENERAL VOLUNTEERS in this category:

Clinic support for immunizations and latent tuberculosis infection.

English/Spanish Interpreter

Data entry, filing, reception

- b. INSTITUTIONAL VOLUNTEERS (this section should include court referrals, honor camp inmates, PIC/RETC, GAIN, etc.)

No. Vol	0	Hours	0	X	\$17.19	=	\$0.00
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Types of work performed by INSTITUTIONAL VOLUNTEERS in this category:

- c. SPECIALIZED VOLUNTEERS (this section should include utilization of Special Volunteers in positions requiring specific skills and/or expertise levels, for example, an attorney, physician, sports figure or celebrity). These specialized positions have verifiable compensation levels [VCL]. If you have such a volunteer, please indicate the position, hours and compensation level below.)

Position	Hours	X	VCL	=	Dollar Benefit
					\$0.00
					\$0.00

No. Vol	0	Total Hours	0	Total Value	\$0.00
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c. Other program costs (training materials/supplies, recognition costs, etc.):

Item : _____ Cost: _____

Item : _____ Cost: _____

Item : _____ Cost: _____

TOTAL OF OTHER PROGRAM COSTS =

\$0.00

d. TOTAL OF PROGRAM COST (4a+4b+4c) =

\$1,192.05

5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

a Total Dollar Benefits of Volunteers, Item 2d **\$2,316.35**b. Total of Donations to Volunteer Program, Item 3 **\$0.00**c. Subtract Total of program Costs, Item 4d **\$1,192.05**

TOTAL PROGRAM BENEFIT:

\$1,124.30

6910000

6. RECRUITING:

Please describe your recruiting programs:

We work with the Escondido Education Compact, a local organization that provides
work exposure for low income high school students,

7. SPECIAL VOLUNTEER PROGRAM ACTIVITIES/ACHIEVEMENTS:

Please describe any special activities and/or achievements your program was involved in during the period of this report:

Clinical process improvement efforts taking place. Volunteer an integral part of process.

8. VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2004-05:

Please describe your program goals. Include activities, number of volunteers, recruitment, training, recognition and other goals:

I would like to have 2 volunteers. One to develop clerical skills and the other clinical
support skills.

I especially enjoy working with high school students who are exploring potential career
goals.

9. GENERAL INFORMATION:

Name of person completing report:

Diane Hall

Phone:

(760) 740-8863

Mail Stop: N512

E-Mail:

Diane.Hall@sdcounty.ca.gov

Volunteer Coordinator:

Diane Hall

Phone:

Mail Stop:

E-Mail:

10. DEPARTMENT CERTIFICATION:


DEPARTMENT HEAD SIGNATURE

7/8/04
DATE

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